FINANCIAL AND UTILIZATION REPORT 1. Facility DBA (Doing Business As) Name: 2. OSHPD Facility No.: 3. Street Address: 4. City: 5. Zip Code: 6. Report Prepared By: 7. Preparer's Phone: () Ext: 8. Chief Executive Officer (Administrator): () Pakin Hospital Phone: () Dissaler Coordinator's Phone: () Ext: 8. Chief Executive Officer (Administrator): () Pakin Hospital Phone: () Pakin Hospital Pho	HOSPITAL QUARTERLY OSHPD Use Only: 2003 106				
1. Facility DBA (Doing Business As) Name: 3. Street Address: 4. City: 5. Zip Code: 6. Report Prepared By: 6. Chief Executive Officer (Administrator): 7. Preparer's Phone: ()	·				PM FAX
6. Report Prepared By: 8. Chief Executive Officer (Administrator): 9. Main Hospital Phone: () () () Ext: () () Ext: () () () Ext: () () () Ext: () () () () Ext: () () () Ext: () () () () Ext: () () () () Ext: () () () () Ext: () () () () () Ext: () () () () () Ext: () () () () () Ext: () () () () () Ext: () () () () () () Ext: () () () () () () () Ext: () () () () () () () () () ()					
6. Report Prepared By: 8. Chief Executive Officer (Administrator): 9. Main Hospital Phone: () () () Ext: () () Ext: () () () Ext: () () () Ext: () () () () Ext: () () () Ext: () () () () Ext: () () () () Ext: () () () () Ext: () () () () () Ext: () () () () () Ext: () () () () () Ext: () () () () () Ext: () () () () () () Ext: () () () () () () () Ext: () () () () () () () () () ()	3 Street Address: 4 City:				5 Zin Code:
8. Chief Executive Officer (Administrator): (1)	0. 0.	001,144,000.	Oily.		o. 2.p oodo.
8. Chief Executive Officer (Administrator): (1) (2) (3) (3) Report Due Date (3) Report Due Date (4) (5) (6) Report Due Date (6) Report Due Date (7) Revised (8) (8) Revised (9) (1) January 1 - March 31, 2003 August 14, 2003 May 15, 2003 Rociober 1 - December 31, 2003 Rebruary 14, 2004 Other (Specify: Month/Day/Year) Begin Date: // other Corresponding calendar quarter. 21. Is this report based on a 13-period accounting cycle? I [] Yes [] No 2003 UTILIZATION DATA ITEMS UTILIZATION DATA ITEMS 2004 UTILIZATION DATA ITEMS 2015 UTILIZATION DATA ITEMS Staffed Beds (end of report period - excluding bassinets and beds in suspense) Hospital Discharges (excluding nursery discharges) Hospital Discharges (excluding nursery discharges) Medicare - Traditional Medi-Cal - Traditional Medi-Cal - Managed Care Other Third Parties - Traditional Other Third Parties - Irraditional Other Third Parties - Managed Care Other Handigent Correport parties (included in lines 50 thru 100) (Optional)** Patient (Census) Days (excluding nursery patient (census) days Medicare - Traditional Medi-Cal - Traditional Medicare - Tradit	6. Re	port Prepared By:		7. Preparer's Phone:	•
Company Comp				()	-
Care	8. Ch	ief Executive Officer (Administrator):	9. Main Hospital Phone:	10. Disaster Coordin	
Line Report Period Report Due Date Original Revised (No. 15. January 1 - March 31, 2003 May 15, 2003 (Check One) 16. April 1 - June 30, 2003 August 14, 2003 (Check One) 17. July 1 - September 30, 2003 November 14, 2003 (Check One) 18. October 1 - December 31, 2003 February 14, 2004 (Check One) 19. Begin Date: / of the corresponding calendar quarter. 20. End Date: / of the corresponding calendar quarter. 21. Is this report based on a 13-period accounting cycle? 22. Licensed Beds (end of report period - excluding bassinets and beds in suspense Available Beds (average for report period - excluding bassinets and beds in suspense) 30. Available Beds (average for report period - excluding bassinets and beds in suspense) 40. Staffed Beds (average for report period - excluding bassinets and beds in suspense) 40. Medicare - Traditional 40. Medicare - Inaditional 40. Medi-Cal - Traditional 40. Medi-Cal - Managed Care 40. Medi-Cal - Managed Care 40. Other Third Parties - Managed Care 40. Other Third Parties - Managed Care 40. Other Finird Parties - Managed Care 40. Other Payors 40. Medi-Cal - Traditional 40. Other Indigent 40. Other Payors 4		(1)	()	(2)	
No.	Line		Report Due Date		
15. January 1 - March 31, 2003 May 15, 2003 16. April 1 - June 30, 2003 August 14, 2003 17. July 1 - September 30, 2003 November 14, 2003 18. October 1 - December 31, 2003 February 14, 2004 19. Begin Date:		Report i enou	Report Due Date		
April 1 - June 30, 2003		January 1 - March 31, 2003	May 15, 2003	(01100	1
17. July 1 - September 30, 2003 November 14, 2003					
October 1 - December 31, 2003 February 14, 2004					
Other (Specify: Month/Day/Year) Begin Date:	18.	October 1 - December 31, 2003			
19. Begin Date:		Other (Specify: Month/Day/Year)			
20. End Date:	19.	Begin Date://	of the corresponding		
### Country Indigent Programs - Managed Care Other Payors Other Payors	20.	End Date://			
UTILIZATION DATA ITEMS QUARTER	21.	Is this report based on a 13-period acc	ounting cycle?	-	
25. Licensed Beds (end of report period - excluding bassinets and beds in suspense 30. Available Beds (average for report period - excluding bassinets and beds in suspense) 35. Staffed Beds (average for report period - excluding bassinets and beds in suspense) Hospital Discharges (excluding nursery discharges) 50. Medicare - Traditional 55. Medicare - Managed Care 60. Medi-Cal - Traditional 65. Medi-Cal - Managed Care 70. County Indigent Programs - Traditional 75. County Indigent Programs - Managed Care 80. Other Third Parties - Traditional 85. Other Third Parties - Managed Care 90. Other Indigent 90. Other Indigent 91. Other Payors 100. Total Hospital Discharges (sum of lines 50 thru 95) 105. Long-term Care (LTC) Discharges (included in lines 50 thru 100) (Optional)** Patient (Census) Days (excluding nursery patient (census) days' Medicare - Traditional 155. Medicare - Managed Care 160. Medi-Cal - Traditional 165. Medi-Cal - Traditional 165. Medi-Cal - Traditional 176. County Indigent Programs - Traditional 177. County Indigent Programs - Traditional 178. County Indigent Programs - Traditional 179. County Indigent Programs - Traditional 179. County Indigent Programs - Managed Care 180. Other Third Parties - Traditional 175. County Indigent Programs - Managed Care 180. Other Third Parties - Traditional 175. County Indigent Programs - Managed Care 180. Other Third Parties - Traditional 175. County Indigent Programs - Managed Care 180. Other Third Parties - Managed Care 180. Other Third Parties - Traditional 185. Other Third Parties - Managed Care 180. Other Third Parties - Managed Care 180. Other Third Parties - Managed Care 180. Other Payors 180. Other Payors 180. Other Payors 180. County Indigent Programs - Managed Care 180. Other Payors 180. Other Payors 180. Other Payors 180. Other Managed Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**					
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65. Medi-Cal - Managed Care 70. County Indigent Programs - Traditional 75. County Indigent Programs - Managed Care 80. Other Third Parties - Traditional 85. Other Third Parties - Managed Care 90. Other Indigent 95. Other Payors 100. Total Hospital Discharges (sum of lines 50 thru 95) 105. Long-term Care (LTC) Discharges (included in lines 50 thru 100) (Optional)** Patient (Census) Days (excluding nursery patient (census) days; Medicare - Traditional 155. Medicare - Managed Care 160. Medi-Cal - Traditional 165. Medi-Cal - Traditional 165. Medi-Cal - Managed Care 170. County Indigent Programs - Traditional 175. County Indigent Programs - Managed Care 180. Other Third Parties - Traditional 185. Other Third Parties - Traditional 185. Other Third Parties - Managed Care 190. Other Indigent 195. Other Payors 200. Total Patient (Census) Days (sum of lines 150 thru 195) 205. Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**					
70. County Indigent Programs - Traditional 75. County Indigent Programs - Managed Care 80. Other Third Parties - Traditional 85. Other Third Parties - Managed Care 90. Other Indigent 95. Other Payors 100. Total Hospital Discharges (sum of lines 50 thru 95) 105. Long-term Care (LTC) Discharges (included in lines 50 thru 100) (Optional)** Patient (Census) Days (excluding nursery patient (census) days; Medicare - Traditional 155. Medicare - Managed Care 160. Medi-Cal - Traditional 165. Medi-Cal - Traditional 165. Medi-Cal - Managed Care 170. County Indigent Programs - Traditional 175. County Indigent Programs - Managed Care 180. Other Third Parties - Traditional 185. Other Third Parties - Managed Care 190. Other Indigent 195. Other Payors 200. Total Patient (Census) Days (sum of lines 150 thru 195) 205. Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**					
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85. Other Third Parties - Managed Care 90. Other Indigent 95. Other Payors 100. Total Hospital Discharges (sum of lines 50 thru 95) 105. Long-term Care (LTC) Discharges (included in lines 50 thru 100) (Optional)** Patient (Census) Days (excluding nursery patient (census) days) Medicare - Traditional 155. Medicare - Managed Care 160. Medi-Cal - Traditional 165. Medi-Cal - Managed Care 170. County Indigent Programs - Traditional 175. County Indigent Programs - Managed Care 180. Other Third Parties - Traditional 185. Other Third Parties - Traditional 185. Other Third Parties - Managed Care 190. Other Indigent 195. Other Payors 200. Total Patient (Census) Days (sum of lines 150 thru 195) 205. Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**					
90. Other Indigent 95. Other Payors 100. Total Hospital Discharges (sum of lines 50 thru 95) 105. Long-term Care (LTC) Discharges (included in lines 50 thru 100) (Optional)** Patient (Census) Days (excluding nursery patient (census) days; Medicare - Traditional 155. Medicare - Managed Care 160. Medi-Cal - Traditional 165. Medi-Cal - Managed Care 170. County Indigent Programs - Traditional 175. County Indigent Programs - Managed Care 180. Other Third Parties - Traditional 185. Other Third Parties - Managed Care 190. Other Indigent 195. Other Payors 200. Total Patient (Census) Days (sum of lines 150 thru 195) 205. Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**			re		
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170. County Indigent Programs - Traditional 175. County Indigent Programs - Managed Care 180. Other Third Parties - Traditional 185. Other Third Parties - Managed Care 190. Other Indigent 195. Other Payors 200. Total Patient (Census) Days (sum of lines 150 thru 195) 205. Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**					
175. County Indigent Programs - Managed Care 180. Other Third Parties - Traditional 185. Other Third Parties - Managed Care 190. Other Indigent 195. Other Payors 200. Total Patient (Census) Days (sum of lines 150 thru 195) 205. Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**					
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185. Other Third Parties - Managed Care 190. Other Indigent 195. Other Payors 200. Total Patient (Census) Days (sum of lines 150 thru 195) 205. Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**					
190. Other Indigent 195. Other Payors 200. Total Patient (Census) Days (sum of lines 150 thru 195) 205. Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**					
195. Other Payors 200. Total Patient (Census) Days (sum of lines 150 thru 195) 205. Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**					
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205. Long-term Care (LTC) Patient (Census) Days (included in lines 150 thru 200) (Optional)**					
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HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Facili	ty DBA Name:	2003 Quarter Ending:	OSHPD Facility N	
Line				2003
No.				QUARTER
	Outpatient Visits (including ER, Clinic,			
250.	Medicare - Traditional			
255.				
260.	Medi-Cal - Traditional			
265.	Medi-Cal - Managed Care			
270.	County Indigent Programs - Tradit			
275.	County Indigent Programs - Manag	ged Care		
280.	Other Third Parties - Traditional			
285.	Other Third Parties - Managed Ca	re		
290.	Other Indigent			
295.	Other Payors			
300.	Total Outpatient Visits (sum of lines 250 thru 295)			
		NCIAL DATA ITEMS		
	Gross Inpatient Revenue (including PF	PC charges)		
350.	Medicare - Traditional			\$
355.	Medicare - Managed Care			
360.	Medi-Cal - Traditional			
365.	Medi-Cal - Managed Care			
370.	County Indigent Programs - Traditi			
375.	County Indigent Programs - Manag	ged Care		
380.				
385.	Other Third Parties - Managed Car	re		
390.	. Other Indigent			
395.	Other Payors			
400.	Total Gross Inpatient Revenue			\$
	Gross Outpatient Revenue (including F	PPC charges)		
450.	Medicare - Traditional			\$
455.	Medicare - Managed Care			
460.	Medi-Cal - Traditional			
465.	Medi-Cal - Managed Care			
470.	County Indigent Programs - Traditi			
475.	County Indigent Programs - Manag	ged Care		
480.	Other Third Parties - Traditional			
485.	Other Third Parties - Managed Ca	re		
490.	Other Indigent			
495.	Other Payors	((((((((((((((((((((
500.	Total Gross Outpatient Revenu	e (sum of lines 450 thru 495)		\$
E 4 E	Deductions from Revenue	المحمل المحمل المحمل		<u></u>
545.	Provision for Bad Debts (including bad debt recoveries)		\$	
550. 555.				
560.	Medicare - Managed Care Contractual Adjustments Medi-Cal - Traditional Contractual Adjustments			
565.	Medi-Cal - Traditional Contractual Medi-Cal - Managed Care Contrac			
566.	Disproportionate Share Payments		55)	1
570.	County Indigent Programs - Traditi		JJ)	
570. 575.	County Indigent Programs - Manag		ts	
580.	Other Third Parties - Traditional Co		10	
585.	Other Third Parties - Managed Cal			
590.	Charity - Hill-Burton	To Contractadi Aujustinients		
595.	Charity - Other			
600.	Restricted Donations and Subsidie	es for Indigent Care		(
605.	Teaching Allowance (for U.C. teach			<u>'</u>
610.	Clinical Teaching Support (for U.C			()
615.	Other Adjustments and Allowance			,
620.	Total Deductions from Revenue			\$
	und on Newt Dogs	,	00115	D 2002 2 (Day 1/02)

HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT (Cont'd)

Facility DBA Name:		2003 Quarter Ending:	OSHPD Facility No.:	
Line				2003
No.	FINANCIAL DATA ITEMS (Cont'd)			QUARTER
	Capitation Premium Revenue			
650.	Capitation Premium Revenue - Me			\$
660.	Capitation Premium Revenue - Me			
670.	Capitation Premium Revenue - Co			
680.	Capitation Premium Revenue - Other Third Parties			
700.	Total Capitation Premium Revenue (sum of lines 650 thru 680)			\$
	Net Patient Revenue (Gross Patient Revenue less Deductions from Revenue plus			
	Capitation Revenue)			
750.	Medicare - Traditional			\$
755.	Medicare - Managed Care			
760.				
765.				
770.				
775.				
780.				
785.	Other Third Parties - Managed Care			
790.	Other Indigent			
795.	Other Payors			
	Total Net Patient Revenue (sur	n of lines 750 thru 795) (Line 400	+ line 500 - line 620	
800.	. + line 700)			
810.	Other Operating Revenue		\$	
830.	Total Operating Expenses (including PPC expenses reported in line 835)		\$	
835.	Physician Professional Component Expenses (PPC)**		\$	
840.	Nonoperating Revenue Net of Nonoperating Expenses		\$	
	Purchased Inpatient Services			
850.	Discharges (Not included in lines			
855.				
860.			\$	
	Purchased Outpatient Services			
870.	Expenses (included in line 830)**		\$	
880.				\$
885.				\$
900.	Disproportionate Share Funds Transferred to Related Public Entity**			\$

QUESTIONS Please contact us at the following address, phone	CERTIFICATION
Please contact us at the following address, phone number, or FAX number:	I,, certify under penalty of
Patricia Burritt Office of Statewide Health Planning and Development	perjury that to the best of my knowledge and information, the information reported is true and correct.
Accounting and Reporting Systems Section 818 K Street, Room 400	By:
Sacramento, CA 95814	Title: Date:
Phone: (916) 323-0875 FAX No: (916) 323-7675	

OSHPD 2003-3 (Rev. 1/03)

^{**} The reporting of this item is optional.